Marengo Community High School
Request for the Administration of Medicine

Medications cannot be administered at school without a physician's written order and a written request from the parent or guardian. If possible, we request that medication be scheduled so as not to be given during school hours.

_____	_____	_____
Student Name	Grade	Parent's Name

The following portion is to be filled out by the Physician:

Name of Medication _____ Dose_____ Route_____

Purpose of Medication _____

Diagnosis Requiring Medication _____

Time to be administered at school_____a.m./p.m. Termination date_____

_____	**_____**	**_____**
Signature of Physician	**Date**	**Phone Number**

It is the belief of the Board of Education that medications should be administered at home. However, under certain circumstances it is in the best educational and health interests of the student to take prescribed medication during school hours, in such cases, the medication must be brought to the school in a prescription bottle, clearly labeled with the student's name, name of the drug, dose, route, directions and physician's name. The student is responsible for coming to the nurse's office and taking the medication. The school nurse or principal's designee will administer the medication.

The parent/guardian assumes responsibility for informing the school of any changes in the child's health or medication. A change in medication requires the need for another Request for Administration of Medications form to be submitted to the school. Forms for long-term medication must be submitted to the school at the beginning of each academic year. The school district retains the right to reject requests for the administration of medication.

Parental Request for Giving Medication

I request Marengo Community High School District 154 to dispense the above medication

to my child _____ according to

Dr._____'s directions, listed above.

_____	_____
Parent Signature	Date

PLEASE RETURN FORM